

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							FILING DATE <div style="font-size: 1.2em; font-family: cursive;">10/18/13.024</div>
							APPLICANT(S)
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
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